



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
ROAD TOLL BUREAU
33 HAZEN DRIVE, CONCORD NH 03305
TELEPHONE: (603)271-2311

<http://www.nh.gov/safety/divisions/administration/roadtoll>

FOR OFFICIAL USE ONLY

License No.: _____
Issue Date: _____
Issued By: _____
Cancel Date: _____
Cancelled By: _____

APPLICATION FOR MOTOR FUEL & AVIATION FUEL DISTRIBUTOR LICENSE

APPLICATION TYPE: ☐ NEW ☐ RENEWAL

COMPANY / TAXPAYER INFORMATION:

COMPANY NAME: _____ FEIN: _____
ADDRESS 1: _____ SSN: _____
ADDRESS 2: _____ TELEPHONE NUMBER: _____
CITY/TOWN: _____
STATE: _____ ZIP CODE: _____

☐ CORPORATION ☐ LLC ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ OTHER _____

CONTACT INFORMATION:

NAME: _____ E-MAIL: _____

LOCATION WHERE RECORDS WILL BE AVAILABLE FOR AUDIT:

ADDRESS 1: _____
ADDRESS 2: _____
CITY/TOWN: _____
STATE: _____ ZIP CODE: _____

NAMES, TITLES AND RESIDENT ADDRESSES OF PRINCIPAL OFFICERS:

NAME	TITLE	ADDRESS	CITY / TOWN	STATE	ZIP CODE

(PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION)

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APPROVAL DATES

SECRETARY OF STATE _____ INSURANCE COMMISSIONER _____

BOND DETAILS

BOND AMOUNT: _____ BOND TYPE: _____

EFFECTIVE DATE: _____ CANCEL DATE: _____

Estimated monthly gallonage imported into New Hampshire: _____ Gallons

OTHER MOTOR FUEL DISTRIBUTOR LICENSES

Do you currently hold a Motor Fuel Distributor License in any other New England State? Yes No

If answer is "Yes", please list the states and license numbers:

STATE	LICENSE NUMBER

NEW HAMPSHIRE BULK STORAGE FACILITIES¹

STORAGE LOCATION				STORAGE INFORMATION			
NUM	ADDRESS	CITY / TOWN	STATE	CAPACITY	PRODUCT CODE	OWNED	LEASED
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>
9						<input type="checkbox"/>	<input type="checkbox"/>
10						<input type="checkbox"/>	<input type="checkbox"/>
11						<input type="checkbox"/>	<input type="checkbox"/>
12						<input type="checkbox"/>	<input type="checkbox"/>
13						<input type="checkbox"/>	<input type="checkbox"/>
14						<input type="checkbox"/>	<input type="checkbox"/>
15						<input type="checkbox"/>	<input type="checkbox"/>
16						<input type="checkbox"/>	<input type="checkbox"/>
17						<input type="checkbox"/>	<input type="checkbox"/>
18						<input type="checkbox"/>	<input type="checkbox"/>

SIGNED BY: _____ TITLE: _____

FOR (APPLICANT): _____

IMPORTANT NOTES

1. ANY CHANGES IN NAME, ADDRESS, CORPORATE STATUS, ETC. MUST BE REPORTED TO THIS OFFICE IMMEDIATELY.
2. PLEASE INCLUDE YOUR LICENSE NUMBER ON ALL CORRESPONDENCE WITH THIS OFFICE.
3. THIS LICENSE IS **NOT** TRANSFERABLE.

¹"Inventory" as reported by motor fuel distributors means the physical quantity of motor fuel gallons contained in wholesale bulk storage at the time the inventory is taken. Inventory does not include any product contained in a facility that is attached to a pump used for retail sale to the public or any product on consignment to a retail dealer or in a retail station" (SAF-C 302.01, (9))